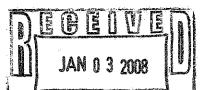


Office: 242 State Street, Augusta, Maine





Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

## 2007 STATEMENT OF SOURCES OF PUNCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2007 through December 31, 2007

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 15, 2008.

	LEGISLATOR INFORMATION	
No		
Name		Member of:
Joseph L. Tibbetts		☑ House ☐ Senate
Mailing address		District
278 SACO ROAD		33
City, zip code		Phone
Columbia Maive	04623	207-483-4515
	E DERIVED FROM EMPLOYMENT BY AND	
List the name and address of each employ principal type of economic activity of each er	yer from whom you received compensation mployer.	of \$1,000 or more. Specify the
Name of Employer	Address	Principal Type of Economic Activity of Employer
State of Mains		House member
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		-
		The state of the s
(For	OME DERIVED FROM SELF-EMPLOYMEN Legislators who are self-employed.)	
A. List the name and address of your bus derived income. If associated with a partne areas of economic activity of that entity.	iness, if any, and list the major areas of eduration, or similarship, firm, professional association, or similarship.	conomic activity from which you ar business entity, list the major
Name and Address of Business Entity	Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar
Name: None	en er	business entity)
Andrew Conference (April 1997) (April 1997)	The state of the s	e e e
1		
Name: Address:		•

PART 2 (continued). INCOME DERIV (For Legislators who are		OYMENT
B. List each source of income derived from self-employment that repre is greater, and specify the principal type of economic activity of the entidisclosure is prohibited by law, rule, or an established code of profession	ty or person from whom yo	u derived such income. If this form of
Name and Address of Source		Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name: Address:		
Name:		
Address:		
PART 3. MAJOR AREA (For Legislators who are at		
List your major areas of practice. If associated with a law firm, list the n	najor areas of practice of yo Major Areas of P	STORES AND ADMINISTRATION OF THE PROPERTY OF T
Name and Address of Firm	Major Areas of F	Practice Major Areas of Practice (firm)
Name: Address:		
Name: Address:		
PART 4. OTHER SOUR	CES OF INCOME	
List each source of income of \$1,000 or more not listed in Parts 1, 2, or	3 of this form. Do not inclu	ude gifts. If none, check the box.
Name and Address of Source  Name 5tate of Main (State Police		Kind of Income (investments, leases, etc.)
,	<i>)</i>	Retwinert
Name: Dept. of Veterum's Af.	Disability 100 To	
Address:		
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more areas of economic activity of each creditor. Do not list loans from a rela	that you received during the	he reporting period, and list the major x
None		
Name and Address of Creditor		Principal Type of Economic Activity of Creditor
Name:		
Address:		
Name:		
Address:		
PART 6. REPORT List the specific source of each gift of more than \$300. Include gifts wit	<u> </u>	ore than \$300 from a single source. If
none, check the box	E MATERIA II. SAN E SAN ANNANA AN AN AND E FA	and the second s
Name of Source of Gift	Nama /	of Source of Gift
1. 3.	TACASIC C	
2	ريي ايل العام والعام من عدير ايل العام والعام المعاملات	e new personal support that is a support of the sup

willfully filed a false statement, it shall refer its findings of fact to the Attorney General.

If the Commission determines that a Legislator has willfully failed to file a required statement or has willfully filed a false statement, the Legislator shall be presumed to have a conflict of interest on every question and shall be precluded from voting on any question in committee or in either branch of the Legislature, and shall not attempt to influence the outcome of any question. (1 M.R.S.A. § 10,19

Signature

1-2-2008

NAME:			DATE:	E-MARINE SELECTION OF THE SELECTION OF T
ADDRESS:	**************************************			Venne commercioni de Nicore
			ADDITIONAL INFORMATION	
Please provide information you	any additional are providing.	l information b	below (and on additional sheets if needed). Indicate the part or section number for	the
Part/Section Number				
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	ann werdon in de la company			
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